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22850 (Depositor's name (Date APPLICATION NO. FILING DATE FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO. 10/531.321 04/14/2005 Hiroyuki Ebinuma 270475US0PCT 7005 TITLE OF INVENTION: DEFRUCTOSYLATION METHOD APPLN. TYPE SMALL ENTITY ISSUE FEE DUE **PUBLICATION FEE DUE** PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO nonprovisional \$1440 \$300 \$1740 05/21/2008 **EXAMINER** ART UNIT **CLASS-SUBCLASS** MI, QIUWEN 1655 424-725000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Oblon, Spivak, (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, McClelland, Maier (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer & Neustadt, P.C. 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) DAIICHI PURE CHEMICALS CO., LTD. Tokyo, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🛄 Government 4a. The following fee(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) 🛮 Issue Fee ☐ A check is enclosed. Publication Fcc (No small entity discount permitted) Payment by credit card. Transmitted via EFS-Web. Advance Order - # of Copies _ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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